Provision of obstetric care by general practitioners in the south western region of England

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SUMMARY

Background. *Recent government reports have suggested changes to the organization of maternity care in the United Kingdom which may well affect the contribution of general practitioners.*

Aim. *This study set out to document the range of obstetric care provided by general practitioners, their perceived competence at various obstetric procedures, and their beliefs about their role in maternity care.*

Method. *A postal questionnaire was sent to a random one in four sample of general practitioners in the South Western Regional Health Authority of England.*

Results. *Of 424 questionnaires sent out, 333 (79%) were returned. Of 303 respondents, 98% provided both antenatal and postnatal care. Of 294 respondents, 45% provided intrapartum care and 27% booked women for home deliveries. Of 117 respondents providing hospital intrapartum care 47% booked 10 or fewer women each year, and most provided little practical intrapartum care. Compared with those providing only antenatal and postnatal care, those who provided intrapartum care believed themselves to be more competent at various obstetric procedures and their perceived competence was significantly correlated to the number of procedures that they performed. Those general practitioners providing intrapartum care made significantly more postnatal visits than those providing only antenatal/postnatal care and were significantly more likely to believe that general practitioners have an important role in labour.*

Conclusion. *Many general practitioners in the south western region of England still provide a choice in maternity care for women, and believe that they have an important role in such care. Further work is required to establish what women and their general practitioners believe the latter contribute to maternity care.*

Keywords: GP obstetrics; patterns of work; professional competence; GP role.

Introduction

THERE is continued debate about the role of the general practitioner in maternity care, particularly intrapartum care.[1-3] The debate would be more informed if it were known whether general practitioners believe that they have a role in maternity care, and particularly what contribution general practitioners actually make to labour care. Despite knowing that about 6% of all births in England and Wales occur under the care of general practitioners,[4] little is known of what the individual doctor contributes to the care of a woman under his or her care although suggestions have been made.[5]

This pilot survey was performed in the South Western Regional Health Authority of England which still has a large number of general practitioner maternity units and a high percentage of general practitioners who provide intrapartum care.[6] The aims of the study were to document the range of obstetric care provided by general practitioners, their perceived competence at various obstetric procedures, and their beliefs about their role in maternity care.

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Submitted: 31 May 1993; accepted: 22 September 1993.
© *British Journal of General Practice*, 1994, **44**, 255-257.

Method

In the spring of 1992 a confidential postal questionnaire was sent to a random one in four sample of general practitioners in the south western region of England. A maximum of three reminders, including one duplicate questionnaire were sent to non-respondents. The questionnaire asked for: demographic information, range of maternity services provided, practical involvement and perceived competence in aspects of labour care and beliefs about the general practitioner's role in maternity care.

Beliefs and perceived competence were measured on seven-point Likert scales and were compared using the Mann Whitney test; where appropriate the Spearman correlation coefficient was calculated. Nominal dependent data were analysed using the chi square statistic. Some respondents did not answer all the questions.

Results

Of 424 questionnaires sent out 333 (78.5%) were returned. The median age of the respondents was 40 years (interquartile range 35–46 years); 246 of 314 respondents (78.3%) were men. The median year in which respondents entered general practice as a principal was 1982 (interquartile range 1976–87).

Of 303 respondents providing antenatal care, 297 (98.0%) also provided postnatal care. Of 294 respondents, 133 (45.2%) provided intrapartum care with 80 (27.2%) booking (making arrangements for and taking medical responsibility for the delivery) women for home delivery. The 20 respondents who received full registration in the United Kingdom after 1984 were much less likely to be providing intrapartum care than the 261 respondents registered in 1984 or earlier (10.0% versus 47.9%; χ^2 = 12.6, 1 degree of freedom, $P<0.001$).

Of 303 respondents providing antenatal care, 272 (89.8%) held specific antenatal clinics; 226 of these clinics (83.1%) were held jointly with midwives. Midwives held their own separate antenatal clinics in 187 of the 303 practices (61.7%). Of 132 responding general practitioners providing intrapartum care 45.5% made none or one postnatal visit, 28.8% made two visits while 25.8% made more than two postnatal visits. Significantly fewer visits were made by 155 respondents who only provided antenatal/ postnatal care — 68.4% made none or one visit, 18.7% made two visits and 12.9% made more than two visits; χ^2 = 15.9, 2 df, $P<0.001$.

Of 117 respondents providing hospital intrapartum care, 47.0% booked fewer than 11 women under their care annually, 30.8% booked 11–20 women, 14.5% booked 21–30 women, and 7.7% booked more than 30 women. Of 80 general practitioners providing domiciliary care 72.5% booked one or two women per year for home delivery, 25.0% booked three to five and 2.5% booked six to 10 women. Overall 65.4% of the 133 general practitioners providing intrapartum care attended 10 or fewer women booked under their care for the delivery each year.

The proportion of general practitioners providing intrapartum care who performed various relevant practical procedures annually is shown in Table 1. Those providing intrapartum care were performing few practical procedures, but believed themselves to be more competent to do so than did their colleagues who do not provide such care (Table 1). For those general practitioners providing intrapartum care, perceived competence at each practical obstetric procedure was significantly correlated to the number of procedures that the general practitioner performed each year (Table 1).

General practitioners providing intrapartum care in isolated units performed low forceps deliveries more often than those who were not working in an isolated unit (61.4% of 44 versus 18.3% of 60; $\chi^2 = 20.7$, 1 df, $P<0.001$), and more often resuscitated newborn infants (61.4% of 44 versus 32.8% of 61; $\chi^2 = 8.5$, 1 df, $P<0.01$).

Nearly all general practitioners believed that both they and midwives had important roles in antenatal care (88.9% of 314 and 95.6% of 315, respectively) and in postnatal care (83.8% of 315 and 93.3% of 312, respectively). Among 315 respondents midwives were more often believed to have an important role than general practitioners in both normal labour (99.0% versus 41.9%; $z = 13.7$, $P<0.001$) and abnormal labour (82.9% versus 28.9%; $z = 12.9$, $P<0.001$). Of 129 general practitioners providing intrapartum care most believed that general practitioners have an important role in normal labour (median score 3 (interquartile range 2–4) on seven-point scale from 7 = unimportant to 1 = important) but were undecided about their role in abnormal labour (median score 4 (interquartile range 3–6)). Those 155 respondents who did not provide intrapartum care were significantly less likely to believe that general practitioners have an important role in either normal or abnormal labour (median 4 (3–6), $z=3.7$, $P<0.001$ and median 6 (4–7), $z=3.5$, $P<0.001$, respectively).

Discussion

Compared with those who provided only antenatal and postnatal care, general practitioners providing intrapartum care provided more continuity of maternity care: they provided intrapartum care and made more postnatal visits, as well as providing antenatal care for individual pregnant women.

As fewer than 6% of all women give birth under the care of their general practitioners[4] and 40% of general practitioners in this survey booked women for such care in hospital, it is not surprising that nearly half of them booked 10 or fewer women under their hospital care annually, a similar intrapartum caseload to that found previously in the north of England.[7]

Of those providing intrapartum care, the majority performed few practical obstetric procedures for their patients, far fewer than used to be the case.[7] This may be because such women have normal labours which are appropriately managed by midwives, or those that develop abnormalities are dealt with by midwives in their extended role[8] or are transferred to consultant care, except in isolated units for such procedures as low forceps delivery and neonatal resuscitation. Nevertheless, half of the general practitioners providing labour care in this survey believed that they have an important role in intrapartum care. Such a role might involve practical intervention, involvement in management decisions such as when to transfer women in labour to consultant care, provision of the continuity of carer which women want (Flint C, Poulengeris P, the 'know your midwife' report, 1987), or psychological support which may be of benefit to women in labour.[9,10]

In the past, attempts have been made to set guidelines for general practitioners providing intrapartum care in terms of minimum number of deliveries which they must attend annually to

Table 1. Practical procedures performed annually by general practitioners who provide intrapartum care, perceived competence of those providing intrapartum care and those providing antenatal/postnatal care only and Spearman correlation coefficient for association between perceived competence of those providing intrapartum care and number of procedures performed.

	% of respondents providing intrapartum care by number of procedures performed (n = 131)[a]				Perceived competence of those providing: Intrapartum care (n = 132)		Antenatal/postnatal care only (n = 158)		
Procedure	0	1–2	3–5	6+	Median score (interquartile range)[b]	% believing competent[c]	Median score (interquartile range)[b]	% believing competent[c]	r_s[d]
Vaginal examination in labour	*20.0*	*46.2*	*22.3*	*11.5*	5 (5–6)	*82.6*	4 (3–6)	*47.5****[e]	0.31
Normal delivery unaided	*64.9*	*29.0*	*4.6*	*1.5*	5 (4–6)	*68.9*	4 (3–5)	*40.5****	0.36
Interpret cardiotocograph	*55.0*	*22.1*	*12.2*	*10.7*	4 (2–5)	*42.4*	3 (1–4)	*19.6****	0.49
Oxytocin augmentation	*83.2*	*8.4*	*4.6*	*3.8*	3 (2–5)	*25.6*[f]	2 (1–4)	*12.7**	0.46
Induction of labour	*83.2*	*10.7*	*4.6*	*1.5*	3 (2–5)	*26.4*[f]	2 (1–3)	*13.9****	0.54
Low forceps delivery	*69.2*	*29.2*	*0.8*	*0.8*	4 (3–6)	*46.2*[g]	3 (2–4)	*23.9****[h]	0.59
Manage severe postpartum haemorrhage	*84.6*	*14.6*	*0.8*	*0*	4 (2–5)	*31.3*[i]	3 (2–4)	*22.2***	0.36
Resuscitate newborn infant	*61.1*	*38.2*	*0.8*	*0*	5 (3–6)	*54.5*	4 (2–5)	*32.1****[h]	0.26

n = number of respondents in group. [a]n = 130 for vaginal examination, low forceps delivery and manage severe postpartum haemorrhage. [b]Seven point scale: 1 = not competent to 7 = very competent. [c]Scoring 5–7 on scale. [d]All $P<0.001$. [e]n = 160. [f]n = 129. [g]n = 130. [h]n = 159. [i]n = 99. Mann Whitney test: ***$P<0.001$, **$P<0.01$, *$P<0.05$.

allow them to continue to have admitting rights.[11] In this survey, a significant relationship was found between perceived competence and the number of practical procedures performed and although the correlation coefficients accounted for relatively small percentages in the variation of perceived clinical competence, this evidence does not support the idea of a threshold.

If women are to have a choice in terms of type of maternity care, as they want,[12,13] and the government say they should have,[3,14,15] then it is important that general practitioners continue to be involved in maternity care. Therefore, a larger study is needed to ascertain the reasons why some general practitioners wish to continue to provide this service to their patients and what can be done to dissuade others from giving up intrapartum care. More importantly, perhaps, it would be useful to ask both women and their general practitioners what they believe the latter contribute to maternity care in general, in addition to the minimal practical labour care which many provide.

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Acknowledgements

I thank Dr Gavin Young for helpful comments on earlier drafts, all my general practitioner colleagues who took the time to complete and return the study questionnaires and Mrs Jane Burrell for data entry. This study was funded by the Association for Community-Based Maternity Care.

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